



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Fuli Organization Name:	Citary to	or Colin Bu	ning		
8				1	10-
Account Number:			Date of	this Report:	14/07
REPORTING PERIOD:	FROM:	01/01/06	_ TO:	12/31/06	-
Check the box that applies t	to this report:				
Primary Election	□ 8-DAY	□ 30-DAY		Office:	
General Election	□ 8-DAY	□ 30-DAY			MA THE STATE OF TH
Other Election	□ 8-DAY	□ 30-DAY			
Special Election	□ 8-DAY	□ 30-DAY			
Year End Report	Final Organ	ization Closing		Closi	ng Date:
authorize that all informat	tion included in this	Financial Report paci	kage is acc	T tograph and correct T	agree to abide by all rules and
regulations regarding Camp	ion Commissioner w	ill perform an audit o	ne State o f all infori	f Delaware. I unders	
the Office of the State Election	ion Commissioner 71	ill perform an audit o	ne State o f all infor	f Delaware. I unders	his report の川内して
regulations regarding Camp the Office of the State Electi	ion Commissioner 71	ill perform an audit o	ne State o f all infor	f Delaware. I unders	his report.
the Office of the State Election	on Commissioner 79	ill perform an audit o	ne State o	f Delaware. I unders	his report の川内して
the Office of the State Election	on Commissioner w	iii perform an audit o	ne State o f all inform	f Delaware. I unders	his report の川内して



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REPORTING PERIO		12/31/04
1.		NG BALANCE It Balance from last reporting period)		3.14
2.	RECEIPT	S:		
	A.	SCHEDULE A – TOTAL RECEIPTS		175,00
	В.	SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS		
	C.	SCHEDULE D-1 - TOTAL LOANS RECEIVED	N/A	
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS	RECEIVED	
	E. SU	BTOTAL (Total of A, B, C, D)		175.11
3.	EXPENDI	TURES:		
	F.	SCHEDULE B - TOTAL EXPENDITURES	<u> </u>	361.05
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES	1.	
	Н.	SCHEDULE D-2 – TOTAL LOAN PAYMENTS	~/4_	
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS	PAID	<u>+</u>
	J. St	UBTOTAL (Total of F, G, H, I)		361.05
4.	Committee of the Control of the Cont	BALANCE ng Balance plus 2E, minus 3J)	_24	7,09
5.	VALUE O	F NON-CASH ASSETS (From Schedule F)		1
6.	VALUE O	F DISPOSED/TRANSFERRED ASSETS (From Schedule G)	J ₀	
7.	VALUE O	F LOANS AT END OF PERIOD (Loan Balance from Schedule I)-2)	
8.	CLOSE O	UT BALANCE (Must equal zero if Committee closed)	£	



SCHEDULE A - TOTAL RECEIPTS

DECEMBE.	TS: 112/210/2		r \$100, even if the individual amounts are	not	
Date	Contrib	SS OF S100:	Contributor	Aggregate	Amount
Received	Type	Name	Mailing Address	Amount	Received
5/3/00/		Delawer Heath Lane About		13300	125.0
5/3/06/		Man-Apphan Cities	JUNE 213		375.30
18/00		Del. Auto 1 Truck 17-50			200.00
00 82		Piloto Asso.	Alipolitation PA		125.00
50 06		Arterian Wiler	Wilmin how OF		125,00
513/06/		INKS OUTCHUS	Me Taski DE		2,00,00
513/06/		PINE PIECE LLL	Do refined		600.00
5/11/06		Freshis Realty Inc.	within DF		(.00.0
53/0		DELBANK PAC.	Done DE		2,50,00
5/3/00		Del. Stanfard Brot Asse	Dour DE		125,20
5/3/00		AIA PAI	Wilayla DF		125.00
56/001		Esus busice	WHOM DE		250,00
<13/00 l		Andrew Strine	しょうしゃ びき		600,00
50 00		hillen house	Wilnights OF		100
5/3/00		Del PAC	abus od		600.0
5/3/00		Deput ().	. Whigh OF		125.0)
13/00		Robert Hosh	Rethany DE		1252
SIBla		I Laura Alberti	Bethany DE		1252
113106		I mangament	Done DE		60000
5/3/00		I'm Assoc	Red Book NJ		2,0.0
5/3/06		350 Crumpler	Ed aldinish		1250
573/00/		First State Hissia PAL	David DE		125.00
53100		L4+4 Style -	muntilizin DF		1227
13/606		Jule Byll) Employment	rought be		2,20,00
العالم		Nidolis Ferrum	middle buin of		6000
اعدامان		L10 100	Nevell DE		677.70
10/16/04		Laurence Louola	madeletion Di-	1 1	250.0

GRAND TOTAL RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

EXPENDIT	URES IN EXCESS OF \$100:			φ.		
Date	Payee	Payee		Reason	Aggregate	Amount
Expended	Name	Mailing Addre	ss	Code	Amount	Expended
5/6/06	Dout Cours	Due DE				1340.6
5/4/64	Action Q-ide Print	Dove DE				770.0
5/3/06	I son Communications	Gahana OH				1 5,000
5/17/00	Postice	U.S. Postal Service ws.	histor DC			190'5
strand						1900
6/4/00	1,	* 1	13			3900
6/19/02	1.	IX .	11			LUST
7/13/00	- N	1,	1.			3600
1/2/04		Ц.				1 3900
12/06		14	fx		1	182.0
11/120	,	11	1 '			1,170,0
11/2/04		- "	''			490.00
17/20			- '1			House
15/34		- 4	.,			3100
اماناها	Comptelinki: Wmpter	some , Dow o	E			1.315.5
4000	luids test	Harishi DE				2500
-						
						<u> </u>
						
\rightarrow						
\rightarrow						
						<u> </u>
						-
						1

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

GRAND TOTAL EXPENDITURES



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#:		REPORTING PERIOD:		
			FROM	то
NOTE: If you re each item must b	ceive in-kind contributions from the listed if the aggregate amount TRIBUTIONS IN EXCESS OF	charge or less than fair market value in exc the same person or organization several t t is over \$100, even if the individual amount F \$100: RKET VALUE LESS ANY PAYMENTS YOU M	imes during the reporting period ints are not.	i,
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
				THE STATE OF THE S
		/		
		/		
		12/1		No. of the last of
		V		
		112		-
		/ /		
		/		
		The second secon		_
				-
TOTAL IN-KIN	ND CONTRIBUTIONS IN EX	CESS OF S100		
TOTAL IN-KIN	D CONTRIBUTIONS NOT I	N EXCESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT#;		REPORTING PERIOD:	FROM	TO
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the sa- listed if the aggregate amoun NDITURES IN EXCESS OF		during the reporting period, nounts are not.	
Date Expended	Payee Name	ARKET VALUE LESS ANY PAYMENTS YOU Payee Mailing Address	Description of Expenditure	
)		
		W/		
	D EXPENDITURES IN EXC D EXPENDITURES NOT IN			

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

		REPORTING PERIOD:			
			FROM		то
		PERIOD should be itemized on this schedule. NOTE: These loans	must also be listed on Schedule D-2.		
Date eceived	D IN EXCESS OF \$50: Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amou Receiv
1 1 185					
		4			
)			
-4					
		7			



SCHEDULE D-2 - LOANS

REPORTING PERIOD:

TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Security Rate Loan Amount Made	Date	Date Lender Name	Endorser Name	Description	Int	Original	Payments	Loan
	Received	and Mailing Address	and Mailing Address	of Security	Rate	Loan Amount	Made	Balance
OTAL LOANS								
OTAL LOANS								
OTAL LOANS								
OTAL LOANS								
OTAL LOANS				V				
OTAL LOANS								
OTALLOANS				1				
OTAL LOANS								
OTALLOANS								
OTAL LOANS				Y				
OTALLOANS								
OTALLOANS								
OTALLOANS								
OTAL LOANS								
	OTALLC	ANS						



SCHEDULE E - EXPENSE REIMBURSEMENTS

REPORTING PERIOD:

ACCT#:

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursemen Received
EIMBURSEMENTS	RSEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON P	AGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)		
		1 1 1	Activity Date	Total Expense Amount	Reimbursement Paid
EIMBURSEMEN Date	RECEIVED TOTAL SHOULD ALSO APPEAR ON POSTS PAID (Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	Activity		



SCHEDULE F - NON-CASH ASSETS

ACCT #:		REPORTING PERIOD:	
Itemize all non-cash as contributed to the organ	nization.	FRO nose paid for by the organization, lent to the organization	
Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
	\sim	1	

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

TOTAL ASSET VALUE



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:

TOTAL ASSETS ELIMINATED

ACCT #:		REPORTING PERIOD:	
Itemize all non-cash as:	sets disposed of, transferred or sold by the	organization during the reporting period.	FROM TO
ALL NON-CASH ASS	SETS Description	Disposition	Value
Eliminated	of Asset	of Asset	Received

(total assets eliminated should also appear on page 2, statement of account balance, item 6)